

## Repairing homes. *Rebuilding lives.*

Bringing volunteers and communities together to improve the homes and lives of homeowners in need.

**651-776-4273**

RebuildingTogether-TwinCities.org

**APPLICATION DEADLINE**  
**DECEMBER 1, 2016**

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### What We Do

The mission of **Rebuilding Together Twin Cities** is to bring volunteers and communities together to improve the homes and lives of low-income homeowners. This service ensures that these homeowners – particularly older adults, individuals living with a disability, families with children and active and retired members of the armed services – live independently in safe and healthy homes.

An affiliate of the national Rebuilding Together organization, Rebuilding Together Twin Cities has been preserving and revitalizing homes and communities in the metropolitan area since 1997. In the years since its founding, Rebuilding Together Twin Cities has renovated and revitalized 597 homes and 33 nonprofit centers with the help of more than 8,000 volunteers, providing more than \$7 million worth of improvements and bringing hope and renewed pride to neighborhoods throughout the Twin Cities.

We work year round to preserve affordable homeownership, build healthy neighborhoods and ensure that homeowners in need can live independently in safe and healthy homes.

### Accessibility Services:

- **Safe at Home Program** provides volunteer-delivered safety, fall prevention and entrance access modifications for older adults or those living with a disability so that they can continue to live in safety and independence in their own homes.
- **Accessibility Modifications Program** provides larger, contractor-delivered environmental home modifications such as doorway widening and kitchen or bathroom renovations to enable aging-in-place and single-level living.

### Livability Services:

- **Home Repair Program** creates healthier, more livable homes by providing volunteer-delivered repairs including weatherizing, cleaning, installing flooring, patching and painting, siding, landscaping, and almost anything that restores the homeowners' independence, safety and security.
- **Critical Repair Program** provides timely contractor-delivered repair or replacement of essential systems such as HVAC, electrical, plumbing, outer envelope and roofs that are critical to healthy, livable homes.

### Community Services:

- **Nonprofit Facility/Community Beautification** fosters vibrant communities by providing safe and welcoming spaces for communities to gather. Projects include renovation and beautification work for community centers, schools, supportive housing facilities and outdoor community spaces.
- **Real Estate Owned (REO)** transforms donated vacant homes into safe, healthy and affordable housing for qualified homeowners who earn less than 120% of the area median income. Proceeds from the sale of these professionally-rehabilitated homes are invested back into Rebuilding Together programs.

### Homeowner Qualifications

Applicants must own or make mortgage payments on the home for which they are applying, be up-to-date on tax payments, and have homeowners insurance. Applicants must reside in their home and live within our service area. The household income must be at or below 50% of area median income. And, at least one resident in the home must be an older adult (55+), an individual living with a disability, a child under the age of 18 or an active or retired member of the armed services.

-- Tilsenbilt Homeowners --  
Please attach a copy of your GMHC Tilsenbilt Home Assessment (required) to this application.



# Homeowner Application

Date of application: \_\_\_\_\_

## Section 1: Homeowner Information

Homeowner Name(s) (applicants) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Neighborhood: \_\_\_\_\_ Mobile: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Please list the name and phone number of a person to contact in case of emergency.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list the name and phone number of any social/caseworker used by your family.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized to represent the homeowner? Y N

How did you hear about Rebuilding Together Twin Cities?

\_\_\_\_\_

Have you applied for our services in the past? Y N

Has Rebuilding done work on your home? Y N

Applicant Date of Birth: \_\_\_\_\_

Applicant's Ethnicity: Hispanic Not Hispanic

Applicant's Race: (Circle one)

White African American / Black

American Indian or Native Alaskan

Asian Native Hawaiian / Pacific Islander

Other: \_\_\_\_\_

Interpreter Needed? Y N Language: \_\_\_\_\_

Female head of household? Y N Single parent: Y N

Is any household member currently serving in the military or a military veteran?

Y N Please specify name, branch and status.

\_\_\_\_\_  
\_\_\_\_\_

List the names of all the people living in the home including renters. (Attach a separate sheet if more space is needed.)

Total number of people living in the home: \_\_\_\_\_ Number under 6 yrs: \_\_\_\_\_ Number over 55 yrs: \_\_\_\_\_

Relationship	Disability	M/F	Ethnicity	Age	Name
	Y N				
	Y N				
	Y N				
	Y N				
	Y N				

## Section 2: Special Needs

Does anyone in the home live with a disability? Please indicate who in the home is living with a disability:

Physical Disability \_\_\_\_\_ Mental Disability \_\_\_\_\_ Sight limitations \_\_\_\_\_

Hearing limitations \_\_\_\_\_ Mobility limitations \_\_\_\_\_ Respiratory difficulty or Asthma \_\_\_\_\_

Environmental Allergies \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_





## Home Repair Application Insert

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Our **Home Repair Program** provides renovation work for homeowners in need, including weatherizing, plumbing, electrical repairs, cleaning, re-carpeting, patching and painting, siding, landscaping and almost anything that restores the homeowner's independence, safety and security. Following a screen for homeowner eligibility, the selected projects are scheduled, financial and volunteer resources are assigned, and projects completed with a couple of workdays. We work on multiple work sites and homes at the same time. Please complete the home health assessment and type of repairs to be considered as well, as the general homeowner application.

### Section 1: Home Health Assessment

Does anyone in the home smoke?	Y	N
Do visitors ever smoke in your home?	Y	N
Are there extension cords used inside the home?	Y	N
Is there any condensation visible or water/moisture problems/concerns?	Y	N
Are there any visible mold or musty odor problems?	Y	N
Are chemicals, pesticides, cleaning supplies, etc. stored within easy reach of children? (e.g. below the sink)	Y	N
Do you have a problem concern with pests in the home?	Y	N
Has anyone in the house been scalded (burned) by water in the past 12 months?	Y	N
Has anyone been diagnosed by a health professional with asthma?	Y	N
Has a child been injured in the home in the past 12 months?	Y	N
Have your children been tested for lead?	Y	N
Has the home been tested for radon? If so results _____ pCi/L	Y	N
Does the bathroom have a working exhaust fan?	Y	N
Is there any water damage or water stains?	Y	N
Is there any chipping or peeling paint?	Y	N
Is there any bulging or buckling in the floors?	Y	N
Has there been any renovation/repair activity in the past year?	Y	N

**Rebuilding Together Twin Cities:** 1050 SE 33<sup>rd</sup> Ave Minneapolis, MN 55414

Phone: 651-776-4273 Fax 612-767-8578

**Section 2: Types of repairs to be considered**

<b>Type of Repair</b>	<b>Specific Repair</b> Circle any repairs that may be needed in your home.	<b>Details</b> Please write a short description including location of the repairs needed.
<b>Safe at Home</b> To qualify for this program someone in the home must be living with a disability or over the age of 55.	Wheelchair Ramp – Grab Bar – Handrails – Shower Seats – Motion Lights – Smoke Detectors – Carbon monoxide Detector – Non-slip shower treads – Interior lever door handles – Other	
<b>Wall Repair/ Painting</b>	Holes in an interior wall of any size – Interior Painting – Exterior Painting – Small holes in exterior of home – Other	Please list if interior walls are plaster or sheetrock and location in home.
<b>Flooring</b>	Existing flooring peeling up or has holes in it – Existing flooring only subfloor – Existing flooring carpet and needs to be replaced with a hard surface floor – Other	
<b>General cleaning and Yard work</b>	General yard work – Landscaping – Cleaning out garage or attic – Other	
<b>Carpentry</b>	Interior doors – Porches – Steps – Cabinets – Other	
<b>HVAC</b>	Heating system – Hot water heater – Cooling system – Other	Please specify what type of heating or cooling system you have.
<b>Electrical</b>	Outlets not grounded – House old and needs to be rewired – Not to code – Other	
<b>Plumbing</b>	Leaks – Not to code – Faucet not working – Other	
<b>Envelope</b>	Roof – Leaks – Ice Dams – Gutters – Soffits – Siding – Windows – Exterior doors – Other	
<b>Other</b>	Other	



**Rebuilding Together's Safe at Home Program** provides home safety and accessibility modifications for homeowners who are older adults or are living with a disability. Often they are faced with the prospect of losing their independence as the result of needing a safety or accessibility modification that they are unable to address. Rebuilding Together provides these services free of charge to homeowners whose income is at or below 50% of the median income. Homeowners who make over 50% of the median income will pay based on a sliding scale. Our volunteers typically work for **approximately four hours on one day**. Rebuilding Together may not be able to make all requested repairs or modifications.

## Did you know?

#1

Falls are the leading cause of injury among older adults in Minnesota.

1/3

More than 1/3 of older adults fall each year in the United States.

1/2

For people over the age of 65, more than half of all falls happen at home.

4hrs

Most safety and accessibility modifications can be completed by our volunteers in less than 4 hours.

## Testimonials

"Thank you so much for your help... I can finally take a good shower without the fear of falling. I hope you can help other older people like me."

-Sandy, 68, St. Paul

"Because of the handrails that were installed outside of my mother's home, I am confident she will be able to get in and out of the home with ease for many more years."

-Jenn, 34, Minneapolis

### For Questions Call:

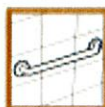
651.776.4273

### Mail Completed Application to:

1050 SE 33<sup>rd</sup> Ave Minneapolis MN 55414

## Safe at Home Task List

### Bathroom and Bedroom



Grab Bars



Handheld Shower Nozzle



Raised Toilet Seat



Non-Slip Bath Treads



Shower Chair



Transfer Pole

### Stairs and Hallways



No Slip Stair Treads



Install/Reinforce Indoor and Outdoor Railings

### General Accessibility



Remove Trip Hazards



Furniture Risers



Grabber

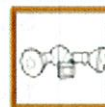


Install Lever Door Handles (Primary Interior Doors)

### Fire Safety and Security



Install/Replace Doorbell



Outdoor Motion Light



Fire Extinguisher



Smoke and Carbon Monoxide Detectors

## Safety and Accessibility Assessment

### Bathroom

- Can you get in and out of your shower or bathtub with ease? Y N
- Are you able to stand or sit in your shower safely? Y N
- Are you able to maneuver your current showerhead to fit your needs? Y N
- Are you able to get on and off your toilet with ease? Y N

### Stairs and Hallways

- Can you navigate steps easily? Y N
- Are there securely mounted handrails in your stairway? Y N
- Are there securely mounted handrails on any exterior stairs? Y N

### General Accessibility

- Are your living areas free of loose rugs? Y N
- Are you able to reach commonly used items easily? Y N
- Are you able to grip your interior doorknobs? Y N

### Accessibility Ramp

- Do you use a power scooter, wheelchair, or walker? Y N
- Do you have difficulty getting into your home? Y N

### Fire Safety and Security

- Do you have a working doorbell? Y N
- Do you have working locks on all your doors? Y N
- How many working smoke detectors do you have? \_\_\_\_\_
- How many working Carbon Monoxide Detectors do you have? \_\_\_\_\_

**Of the safety devices and tasks listed below, please list the four you believe are most needed in your home:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Bathroom	Stairs and Hallways	General Accessibility	Fire Safety and Security
-Grab bars -Raised Toilet Seat -Shower Stool -Handheld Shower Nozzle -Non-slip Bath Treads	-Install/ Reinforce Railings -Install Non-slip Stair Treads	-Reorganize Cabinets -Install Lever Door handles (Interior doors only) -Apply rug tape to prevent rugs from coming up -Grabber -Nightlight	-Outdoor motion light -Doorbell -Fire Extinguisher -Smoke and Carbon Monoxide Detectors





## Homeowner Application

Date of application: \_\_\_\_\_

### Section 3: House Information

Name(s) listed on the Property Deed: \_\_\_\_\_

Is the deed in a living trust? Yes No Number of years homeowner has lived at this address: \_\_\_\_\_ Year home was built: \_\_\_\_\_

Has the property been cited for any building or health code violations? Yes No (*If yes, attach copy of citation*)

Do you have homeowners insurance? Yes No Is your homeowners insurance current? Yes No

Is there a mortgage on the home? Yes No Name of the mortgage company: \_\_\_\_\_

Have you missed a mortgage payment over the last 12 months? Yes No If yes, how many: \_\_\_\_\_

Are you a member of a homeowners association? Yes No Name and number for association: \_\_\_\_\_

Housing type? (e.g. Single family, duplex, etc.) \_\_\_\_\_

### Section 4: Income Verification

Please fill in the chart below and provide documentation to verify this information. A copy of each household member's income tax return or statement of benefits is REQUIRED. Information provided below must include annual income of all household members. Please include income from all sources, including but not limited to: Wages/salary, Social Security, Disability Benefit, Pension, Child Support, Rent, etc. Use a separate sheet if necessary.

Name	Income Type	Amount	Gross Annual Income Annual (Monthly x 12)

Total Annual Income: \_\_\_\_\_

Please list special circumstances regarding expenses (home health care, medical etc.): \_\_\_\_\_

Please list the names of any member of your household who is unemployed: \_\_\_\_\_

Are there renters residing in your home? Y N How many? \_\_\_\_\_ How much rent is paid on a monthly basis? \_\_\_\_\_

### Section 5: Personal Statement

Please write a brief explanation of why you should be selected for Rebuilding Together's program and how it will help you and your family. (Use separate paper if needed)

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## Homeowner Application

Date of application: \_\_\_\_\_

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### Section 6: Verification Documents Required

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All applications must include copies of these REQUIRED documents to be considered for program services.

Please make a copy of these documents. **DO NOT SEND US YOUR ORIGINAL COPY!!**

**Proof of homeownership-** e.g. deed or property tax receipt; must show the name and address of the applicant.

**Proof of current homeowners insurance-** Document must show homeowner's name, address, and dates of coverage.

**Proof of income-** e.g. most recent income tax receipt for each person over 18 living in the home showing adjusted gross income. For your privacy, please block out any social security numbers. If a resident did not file a return last year and is now working, please provide a statement for all earned income (including social security, disability, or other benefits; pay stubs from employers; etc.

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### Section 7: Homeowner Agreement

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I certify that the information in this application is accurate and that I own the property at the address provided. I have no present intention to move from my home or offer my home for sale within the next 2-5 years depending on the program I am applying for. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the Rebuilding Together volunteers. I confirm that except for the conditions listed, my home is a safe place for volunteers. If volunteers are placed in an unsafe environment, Rebuilding Together reserves the right to remove volunteers at our discretion.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Rebuilding Together MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release Rebuilding Together and all associated with the organization from any and all liability whatsoever.

☐

Please check this box if you are comfortable with Rebuilding Together Twin Cities referring your name, address, and phone number to partner organizations.

Signature of homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

\*The final decisions on all program requests are based on individual program resources. Some programs are funded and run more regularly than others. Please allow 4-6 months for processing and final decisions from date of completed application receipt. Once eligibility is determined, the homeowner will be contacted directly by Rebuilding Together to schedule an initial assessment to determine further consideration of repairs.

Please mail completed application with all required documents to the address below:

Rebuilding Together Twin Cities  
1050 SE 33<sup>rd</sup> Ave  
Minneapolis MN 55414

Or fax materials to: 612-767-8578

If you have any questions while filling out the application please call 651-776-4273.

